

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014673

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

77
FILED MAY 7 1962

3016

176

1. PLACE OF DEATH

a. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Jefferson CityLength of stay in lb
8 yrs.2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole

c. CITY OR TOWN Jefferson City

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Memorial Comm. Hosp.Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
129 Boonville RoadReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Nell Margaret Shanda4. DATE OF DEATH
Month Day Year
May 1, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

4-6-1918

9. AGE (last birthday)

44

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Stenographer10b. KIND OF BUSINESS OR INDUSTRY
Pollution Board11. BIRTHPLACE (City and state or country)
Vandalia, Missouri12. CITIZEN OF WHAT COUNTRY
USA13a. FATHER'S NAME
Frank Hollingsworth13b. MOTHER'S MAIDEN NAME
Lillie Runyan

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT
Address Jefferson City, Mo.
Mrs. Frank Hollingsworth

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory & Cardiac failure 11 hours
Food poisoning - Staphylococcus

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Epilepsy - Mysoline Therapy

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-1-62 to 5-1-62 and last saw her alive on 5-1-62
Death occurred at 11:30 pm 5/1/62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

5-3-1962

23c. NAME OF CEMETERY OR CREMATORY

East Lawn Cemetery

23d. LOCATION (City, town, or county)

Mexico, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Gideon N. Houser, Jefferson City, Mo.

25. DATE RECD. BY LOCAL REG.

2 May 1962

26. REGISTRAR'S SIGNATURE

R. R. Harris, M.D. Richter, Reg.

(Licensed Embalmer's Statement of Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFRUIT OF

VS 300
Rev. 4/5910269
20269

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VS MAY 18 1962

MAY 18 1962

DEC 3 1962

VS MAY - 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gideon N. Houser

Licensed Embalmer No. 4579

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.